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CONFIRMATION NO. 4584

<b>SERIAL NUMBER</b> 10/777,387	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> I-2-0100.3US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/575,437 05/22/2000 PAT 6,754,497 which is a CON of 09/342,457 06/29/1999 PAT 6,122,511 which is a CON of 08/947,719 10/09/1997 PAT 5,960,347

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>an</u> Examiner's Signature <u>67</u> Initials				

## ADDRESS

24374

## TITLE

Seamless handoff system and method

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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